

ISSUE SLIP S. 7. OFFICE AREA (for additional cross-references)

| POSITION | PERSON | ID NO. | DATE |
|---------------------------|--------|--------|---------|
| FEE DETERMINATION | | 32 | 3/2 |
| O.L.P.E. CLASSIFIER | | 706 | 3-13-01 |
| FORMALITY REVIEW | EL | 1097 | 6/20/01 |
| RESPONSE FORMALITY REVIEW | SG | | |

INDEX OF CLAIMS

Rejected
 Allowed
 (Through numeral)... Canceled
 Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Date |
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| Claim | Date |
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| Claim | Date |
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If more than 150 claims or 10 actions
 staple additional sheet here

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